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CORRESPONDENCE ADDRESS INDICATION FORM		Address to: Assistant Commissioner of Patents Box CN Washington, DC 20231	
Please recognize the following address as the correspondence address:			
<input checked="" type="checkbox"/> Customer Number	00466	Bar Code Label:  00466 PATENT TRADEMARK OFFICE	
In the following listed application(s) or patent (s):			
Patent Number (if appropriate)	Application Number	Patent Date (if appropriate)	U.S. Filing Date
	09/776,321		April 15, 1997
Typed or Printed Name Signature Date		(check one) <input type="checkbox"/> Applicant or Patentee <input type="checkbox"/> Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. <input checked="" type="checkbox"/> Attorney or Agent of Record <u>32,925</u> Registration Number	
Address of signer:		YOUNG & THOMPSON 745 South 23 rd Street Arlington, VA 22202 (703) 521-2297	
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple form if more than one signature is required, see below.*			
<input checked="" type="checkbox"/> *Total of 1 forms are submitted.			

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